Case 22-17136-CMG Doc 14 Filed 10/04/22 Entered 10/04/22 13:14:13 Desc Main Document Page 1 of 44

Fill in this infor	mation to identify your	case:		
Debtor 1	Peter O'Keefe]
	First Name	Middle Name	Last Name	
Debtor 2	Mary C Margotta			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
_	22-17136			
(if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	377,052.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	29,550.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	406,602.00
Par	t 2: Summarize Your Liabilities		
			i abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	363,393.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	15,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	566,426.90
	Your total liabilities	\$	944,819.90
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,991.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,650.99
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to
Offi	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information		page 1 of 2

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Debtor 1 Peter O'Keefe
Debtor 2 Mary C Margotta

Case number (if known) 22-17136

the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	15,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	15,000.00

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			D	UCU	ıment	Page 3 of 44				
Fill in this i	information to identif	y your ca	ase and this fil	ling:						
Debtor 1	Peter O'Ke	efe								
	First Name	<u> </u>	Middle Name	е		Last Name		_		
Debtor 2	Mary C Mar	rgotta	A					_		
(Spouse, if filing	g) First Name		Middle Name	е		Last Name				
United State	es Bankruptcy Court fo	or the:	DISTRICT OF N	IEW.	JERSEY			_		
Case numb	per 22-17136									Check if this is ar amended filing
Scheon each catego	est. Be as complete and If more space is needed	rope	items. List an as: as possible. If to	wo m	arried people	n asset fits in more than are filing together, both top of any additional pa	are equally	responsible for	or supply	ing correct
	scribe Each Residence,	Building, I	Land, or Other R	eal E	state You Ow	n or Have an Interest In				
■ Yes. W	/here is the property?									
17 Je	ennings Road	escription	W	= 5	Single-family h					or exemptions. Put
Street ac	ddress, if available, or other d	0805	0-0000		Single-family h Duplex or multi Condominium Manufactured (Land	ome i-unit building or cooperative or mobile home	the an	mount of any se itors Who Have ent value of the property?	cured cla Claims S • Co	wims on Schedule D: ecured by Property. urrent value of the ortion you own?
17 Je Street ac	ddress, if available, or other d	0805	0-0000 P Code		Single-family h Duplex or multi Condominium of Manufactured of Land Investment pro Timeshare Other as an interest	ome i-unit building or cooperative or mobile home	Curre entire Desc. (suct	mount of any se fors Who Have ent value of the e property? \$377,052.0	ecured cla Claims S e Ci po 00	nims on Schedule D: Secured by Property.
17 Je Street ac	ddress, if available, or other delates, if available, if available, if available, if available, or other delates, if available,	0805	0-0000 P Code		Single-family h Duplex or multi Condominium of Manufactured of Land Investment pro Timeshare Other	ome f-unit building or cooperative or mobile home perty	Curre entire Desc. (suct	mount of any set tors Who Have ent value of the property? \$377,052.0 ribe the nature as fee simple	ecured cla Claims S e Ci po 00	wims on Schedule D: ecured by Property. urrent value of the ortion you own? \$377,052.00 ownership interest

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 22-17136-CMG Doc 14 Filed 10/04/22 Entered 10/04/22 13:14:13 Page 4 of 44 Document Debtor 1 Peter O'Keefe Case number (if known) 22-17136 Debtor 2 Mary C Margotta 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Ford 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Pickup F-I50 Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2011 Year: Debtor 2 only Current value of the Current value of the 250.000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$500.00 \$500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$500.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture \$200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV \$100.00 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

☐ Yes. Describe.....

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	ebtor 1 ebtor 2	Mary C Marg				Case number (if known)	22-17136
10.	Firearn						
	Examp ■ No	<i>bles:</i> Pistols, rifles	s, shotgui	ns, ammunition, and rela	ted equipment		
	_	Describe					
11.	Clothe: Examp		othes, fur	s, leather coats, designe	r wear, shoes, accessories		
	□ No	, , , , , ,		.,	,		
	Yes.	Describe					
			Usual				\$250.00
12.	Jewelr	·v					
	_Examp		welry, co	stume jewelry, engageme	ent rings, wedding rings, heirld	oom jewelry, watches, gems, g	gold, silver
	□ No						
	■ Yes.	Describe					
			Wedd	ing bands and rings			\$500.00
				<u> </u>			
13.	Non-fa	ırm animals					
		ples: Dogs, cats, l	birds, hor	ses			
	■ No						
	☐ Yes.	Describe					
	-	her personal and	d housel	hold items you did not	already list, including any h	ealth aids you did not list	
	■ No	O: '6' : 1					
	⊔ Yes.	Give specific info	ormation.				
15					s, including any entries for p	ages you have attached	\$1,050.00
Pa	rt 4: Des	scribe Your Finan	cial Asset	s			
				quitable interest in any	of the following?		Current value of the
		-			_		portion you own? Do not deduct secured
							claims or exemptions.
16	Cash						
10.		ples: Money you h	nave in y	our wallet, in your home,	in a safe deposit box, and on	hand when you file your petiti	on
	■ No						
	☐ Yes						
17.	Deposi	its of money					
		ples: Checking, sa			s; certificates of deposit; share		houses, and other similar
	□ No	institutions.	If you ha	ve multiple accounts with	n the same institution, list each).	
	_				Institution name:		
	103						
			17.1.	Savings Account	Ocean		\$3,000.00
			470	Covingo Assert	Community bank		\$25,000.00
			17.2.	Savings Account	Community bank		⊅∠ 5,000.00

Official Form 106A/B Schedule A/B: Property page 3

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	ebtor 1 ebtor 2	Peter O'Kee Mary C Mar				Case number (if known)	22-17136
18.	Examp		or publicly traded stock, investment accounts wit		ge firms, money market acco	unts	
	■ No □ Yes		Institution or iss	suer name	: :		
19.	•	ublicly traded s	tock and interests in inc	corporate	d and unincorporated busii	nesses, including an interest	in an LLC, partnership, and
	■ No	Cittaio					
	☐ Yes.	Give specific in	formation about them Name of entity:			% of ownership:	
20.	Negoti Non-n	iable instruments	s include personal checks	s, cashiers	e and non-negotiable instru ' checks, promissory notes, a to someone by signing or de	and money orders.	
	■ No □ Yes.	Give specific inf	ormation about them Issuer name:				
21.		ment or pension oles: Interests in		(k), 403(b)), thrift savings accounts, or o	other pension or profit-sharing p	olans
	☐ Yes.	List each accou	nt separately. Type of account:		Institution name:		
22.	Your s		ed deposits you have mad		you may continue service or cutilities (electric, gas, water)	use from a company), telecommunications compani	ies, or others
	_				Institution name or individu	al:	
23.	_	ies (A contract f	or a periodic payment of r	money to y	you, either for life or for a nun	nber of years)	
	■ No □ Yes	ls	ssuer name and description	on.			
24.			on IRA, in an account in 529A(b), and 529(b)(1).	n a qualifi	ed ABLE program, or unde	r a qualified state tuition pro	gram.
	■ No □ Yes	lr	nstitution name and descr	ription. Sep	parately file the records of an	y interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	, equitable or fu	iture interests in proper	rty (other	than anything listed in line	1), and rights or powers exe	rcisable for your benefit
		Give specific in	formation about them				
26.					ner intellectual property om royalties and licensing agr	reements	
	☐ Yes.	Give specific in	formation about them				
27.			and other general intan rmits, exclusive licenses,		ve association holdings, liquo	or licenses, professional license	es
		Give specific in	formation about them				
M	oney or	property owed	to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	funds owed to y	/ou				
	■ No □ Yes.	Give specific inf	ormation about them, incl	luding whe	ether you already filed the ret	urns and the tax years	

Official Form 106A/B Schedule A/B: Property page 4

Case 22-17136-CMG Doc 14 Filed 10/04/22 Entered 10/04/22 13:14:13 Page 7 of 44 Document Debtor 1 Peter O'Keefe Case number (if known) 22-17136 Debtor 2 Mary C Margotta 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims □ No ■ Yes. Describe each claim....... Applying for SS Disability \$0.00 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$28,000.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Part 6 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7. ☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7:

If you own or have an interest in farmland, list it in Part 1.

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Debt Debt		Peter O'Keefe Mary C Margotta		Case number (if known)	22-17136	
	-	have other property of any kind you did not already list? les: Season tickets, country club membership				
	No '	,				
] Yes. (Give specific information				
54.	Add ti	he dollar value of all of your entries from Part 7. Write that	number here			\$0.00
Part	8:	List the Totals of Each Part of this Form				
55.	Part 1	: Total real estate, line 2				\$377,052.00
56.	Part 2	: Total vehicles, line 5	\$500.00			
57.	Part 3	: Total personal and household items, line 15	\$1,050.00			
58.	Part 4	: Total financial assets, line 36	\$28,000.00			
59.	Part 5	: Total business-related property, line 45	\$0.00			
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7	: Total other property not listed, line 54 +	\$0.00			
62.	Total	personal property. Add lines 56 through 61	\$29,550.00	Copy personal property to	otal	\$29,550.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$4	06,602.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor	mation to identify your	case:		
Debtor 1	Peter O'Keefe			
	First Name	Middle Name	Last Name	
Debtor 2	Mary C Margotta			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
_	22-17136			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

identify the rioperty rou claim as exemp	Part 1:	the Property You Claim as Exempt
--	---------	----------------------------------

	☐ You are claiming state and federal nonban	kruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	17 Jennings Road Manahawkin, NJ 08050 Ocean County	\$377,052.00		\$15,000.00	11 U.S.C. § 522(d)(1)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2011 Ford Pickup F-I50 250,000 miles	\$500.00		\$500.00	11 U.S.C. § 522(d)(2)
	Ellic Holli Galledale A.B. G.1			100% of fair market value, up to any applicable statutory limit	
	Furniture Line from Schedule A/B: 6.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
	Line nom <i>Schedule Arb.</i> 4.1			100% of fair market value, up to any applicable statutory limit	
	TV Line from Schedule A/B: 7.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Elle Holli Galledale A.B. 111			100% of fair market value, up to any applicable statutory limit	
	Usual Line from Schedule A/B: 11.1	\$250.00		\$250.00	11 U.S.C. § 522(d)(3)
	Line nom <i>Schedule AVD</i> . 11.1			100% of fair market value, up to any applicable statutory limit	

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	otor 1 otor 2	Peter O'Keefe Mary C Margotta			Case number (if known)	22-17136
		description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		Iding bands and rings	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)
	Line	IIIIII Scriedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
		ings Account: Ocean	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(5)
	Line	nom Scriedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
		ings Account: Community bank	\$25,000.00		\$25,000.00	11 U.S.C. § 522(d)(5)
	LIIIE	Tom Scredule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
3.	(Subj	you claiming a homestead exemption of the property of the property covered to	3 years after that for ca	ises fil	,	,
		☐ Yes				

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Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Contingent Conti	Fill in this inf	ormation to identify your	case:		<u>-</u>			
Debtor 2 Mary C Margotta First Name	Debtor 1	Peter O'Keefe						
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number 22-17136 Check if this is an amended filing	D.1.		Mido	lle Name	Last Name			
Case number 22-17136 Check if this is an amended filing			Mido	dle Name	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Bas complete and accurate as possible. Use Part 1 for creditors with PRORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party it presented to creative or unexpired masses that could result in a claim. Nate it as executory contracts on Schedule ARP. Property (Official Form 10MAR) and on Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the effective Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the effective Schedule ARP. Property (Official Form 10MAR) and on Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the effective Schedule ARP. Property (Official Form 10MAR) and on the Care Company of the Care Company and Case International Pages, write your and case number (if known). Part I, and I of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claims, it is claim has both priority and norphority amounts, list the creditor separately for each claim. It is creditor has more than one priority unsecured claims, it is chaim than both priority and norphority unsecured claims. It is claim has both priority and norphority unsecured claims. It is creditor has particular claim, list the creditor in Part 3. Part I, I more than one creditor holds a particular claim, list the creditor in Part 3. Frontity Creditor's Name PO Box 7346 Number Street Cry State Zy Code Who incurred the debt? Creditors.	United States	Bankruptcy Court for the:	DISTRIC	CT OF NEW JERSEY				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Ba as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party if you received you characts or unspried leases that could result in a claim. Aso list executory contracts on Schedule AB: Property (Official Form 106Ab) and on short of the claim and the claim and the claim short of the claim short		22-17136					_	
Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party is executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Bur 13: Ill stall Aid of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: 1. Veg. 1. Yes. 2. List all of your priority unsecured claims. It a creditor has more than one priority unsecured claim, list the creditor separately for each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. In the claim and the priority of the preditor's hame. If you have more than two prority unsecured claims, lift out the Continuation Page of Part I. If more than one creditor holds a particular claim, list the charm is all phabetecal order according to the creditor's hame. If you have more than two prority unsecured claims, lift out the Continuation Page of Part I. If more than one creditor holds a particular claim, list the other creditor's hame. If you have more than two prority unsecured claims, lift out the Continuation Page of Part I. If more than one creditor holds a particular claim, list the other creditor's hame. If you have more than two prority unsecured claims, lift out the Continuation Page of Part I. If more than one creditor had a particular claim, list the other creditor's hame. Propriority Creditor's Name. If you have not the debt	Official Ea	rm 1065/5						3
Bas scomplete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NOMPRIORITY claims. List the other party my executory contracts or uncerptive diases that could result in a claim. Also list executory contracts or confloritions which have claims secured by Property. If more space is needed, copy the Part you need, fill it out, munber of Known). Part 3:: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims sagainst you? Part 3:: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in a phashedical order according to the creditor's name. If you have more than too priority and nonpriority amounts. As much as possible, list the claims in aphashedical order according to the creditor's name. If you have more than too priority and nonpriority amounts. As much as possible, list the claims in aphashedical order according to the creditor's name. If you have more than two priority and nonpriority amounts. As much as possible, list the claims in aphashedical order according to the creditor's name. If you have more than two priority winsecured claims, list the other creditors in he instruction booklet.) Results of the claim as subject to offset? Last 4 digits of account number Stopout 1 and Debtor 2 and y Debtor 1 and Debtor 2 and y			ho Hay	ve Unsecured	Claime			12/15
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Yes. Yes. See	any executory c Schedule G: Ex Schedule D: Cre left. Attach the (name and case	ontracts or unexpired leases ecutory Contracts and Unexpeditors Who Have Claims Secontinuation Page to this pagnumber (if known).	that could ired Leases ured by Pro e. If you ha	result in a claim. Also lis s (Official Form 106G). Do operty. If more space is n uve no information to rep	st executory contractory not include any created, copy the Par	ts on Schedule A/B: P editors with partially s t you need, fill it out, r	roperty (Official Forr ecured claims that a number the entries in	n 106A/B) and on re listed in the boxes on the
No. Go to Part 2.								
Last 4 digits of account number \$5,000.00 \$0.00 Priority Street (ity State 2 protect of alm subject to offset? Cother, Specify			d claims ag	gainst you?				
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. Bit the creditor separately for each claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts. As much as possible, list the claim shy peo claim its. If a claim has both priority and nonpriority amounts. As much as possible, list the claim shy peo claim its. If a claim has both priority and nonpriority amounts. As much as possible, list the claim shy peo claim. If it is a claim has both priority and nonpriority amounts. As much as possible, list the claim shy peo claim. See the instructions for this form in the instruction booklet.) [RS] [Asst 4 digits of account number amount amou		to Part 2.						
RS	List all of y identify what possible, list	It type of claim it is. If a claim ha t the claims in alphabetical orde	as both prior er according	ity and nonpriority amounts to the creditor's name. If y	s, list that claim here a ou have more than tw	and show both priority a	nd nonpriority amount	s. As much as
RS	(For an exp	lanation of each type of claim, s	see the instr	uctions for this form in the	instruction booklet.)	Total claim		
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Treet City State Zip Code Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? State of New Jersey Priority Creditor's Name PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Disputed Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated When was the debt incurred? Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only As of the date you file, the claim is: Check all that apply Type of PRIORITY unsecured claim: Contingent Debtor 1 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply Type of PRIORITY unsecured claim: Contingent Debtor 1 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Debtor 4 only Debtor 5 only Type of PRIORITY unsecured claim: Contingent Debtor 6 the debtors and another Type of PRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated	2.1 IRS			Last 4 digits of accoun	t number	\$5,000.00		\$0.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 2 State of New Jersey Priority Creditor's Name PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 onloy Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Treaton, NJ Obertor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only State and certain other debts you owe the government State and certain other debts you owe the government State and certain other debts you owe the government State claim subject to offset? State of New Jersey State of New Jersey Last 4 digits of account number State debt incurred? State of New Jersey State of New Jersey State of New Jersey State of New Jersey State of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated	PO B	ox 7346	6	When was the debt inc	urred?			
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□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ State of New Jersey □ Claims for death or personal injury while you were intoxicated □ No □ Yes □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Debtor 1 and Debtor 2 only □ Demestic support obligations □ Taxes and certain other debts you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated	_			☐ Contingent				
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At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated No Yes Claims for death or personal injury while you were intoxicated No Yes Claims for death or personal injury while you were intoxicated No Yes Claims for death or personal injury while you were intoxicated No Other. Specify Claims for death or personal injury while you were intoxicated No Claims for death or personal injury while you were intoxicated No Claims for death or personal injury while you were intoxicated No Claims for death or personal injury while you were intoxicated No Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated	☐ Debtor	2 only		•				
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Is the claim subject to offset? No Other. Specify Other. Specify	☐ At leas	t one of the debtors and anothe	er	☐ Domestic support ob	ligations			
No			nity debt			-		
State of New Jersey Priority Creditor's Name PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No State of New Jersey Last 4 digits of account number \$10,000.00 \$10,000.00 \$0.00		m subject to offset?		•	ersonal injury while yo	ou were intoxicated		
State of New Jersey Priority Creditor's Name PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number \$10,000.00 \$0.00				Other. Specify				
Priority Creditor's Name PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify								
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Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	PO B	ox 245		When was the debt inc	urred?			
□ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify □ Other.				As of the date you file,	the claim is: Check a	all that apply		
□ Debtor 2 only □ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated ■ No □ Other. Specify □ Other.				_		,		
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□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify □ Other. Specify	☐ Debtor	2 only		_				
☐ Check if this claim is for a community debt Is the claim subject to offset? No □ Other. Specify	■ Debtor	1 and Debtor 2 only		· ·	ecured claim:			
☐ Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify	_	•	er	☐ Domestic support ob	ligations			
■ No □ Other. Specify □	☐ Check	if this claim is for a commur			=	-		
		III SUDJECT TO OTISET?		•				

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Debtor 2 Mary C Margotta		Mary C Margotta	Case number (if known) 22-17			
	•	Luciali de Novinnionize				
Part		List All of Your NONPRIORITY Unsecur				
_	_	y creditors have nonpriority unsecured claims				
	J No	. You have nothing to report in this part. Submit the	nis form to the court with your other school	edules.		
	Υe	S.				
ui th	nsec	Il of your nonpriority unsecured claims in the aured claim, list the creditor separately for each claime creditor holds a particular claim, list the other of .	im. For each claim listed, identify what	type of claim it is. Do not list	claims already inc	cluded in Part 1. If more
						Total claim
4.1	4	Absolute Resolutions	Last 4 digits of account number	2188		\$1,009.00
	N	Ionpriority Creditor's Name Attn: Bankruptcy 3000 Norman Center Dr #350	When was the debt incurred?	Opened 09/20		
	E	Bloomington, MN 55437				
		lumber Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
		Vho incurred the debt? Check one.				
	_	Debtor 1 only	☐ Contingent			
		Debtor 2 only	☐ Unliquidated			
		Debtor 1 and Debtor 2 only				
		At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		Check if this claim is for a community	☐ Student loans			
		lebt s the claim subject to offset?	aration agreement or divorce	that you did not		
	_	■ No	report as priority claims Debts to pension or profit-sharir	ng plans, and other similar de	ebts	
				Company Account Fi		
		Yes	Other. Specify Bank Of Or			-
4.2		Capital One	Last 4 digits of account number	8145		\$4,248.00
	A	lonpriority Creditor's Name Attn: Bnakruptcy P.O. Box 30285	When was the debt incurred?	Opened 12/21 Las 08/22	t Active	
	5	Salt Lake City, UT 84130 Jumber Street City State Zip Code	As of the date you file, the claim			-
	٧	Who incurred the debt? Check one.				
		Debtor 1 only	☐ Contingent			
	ı	Debtor 2 only				
		Debtor 1 and Debtor 2 only	☐ Disputed			
		At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		☐ Check if this claim is for a community	☐ Student loans			
		ebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	ı	No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
		□Yes	■ Other. Specify Credit Card	i		

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Debtor Debtor	1 Peter O'Keefe 2 Mary C Margotta		Case number (if known) 22-17136					
4.3	Capital One	Last 4 digits of account number	2220	\$961.00				
	Nonpriority Creditor's Name Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 02/16 Last Active 10/01/19					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not					
	■ No □ Debts to pension or profit-sharing plans, and other similar debts							
	Yes	Other. Specify Credit Card	1					
4.4	Capital One	Last 4 digits of account number	2584	\$723.00				
	Nonpriority Creditor's Name Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only ☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts					
	☐ Yes	Other. Specify Credit Card	I					
4.5	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	1033	\$4,620.00				
	Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 07/07 Last Active 04/17					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	☐ Debtor 1 only	☐ Contingent						
	Debtor 2 only							
	☐ Debtor 1 and Debtor 2 only	btor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	No	Debts to pension or profit-sharir	og plans, and other similar debts					
	Yes	Other Specify Credit Card						
	— 103	TIME SPECIAL CALL	-					

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	2 Mary C Margotta		Case number (if known) 22-17136					
4.6	Cws/cw Nexus Nonpriority Creditor's Name	Last 4 digits of account number	8619	\$1,975.00				
	101 Crossways Park Dr W Woodbury, NY 11797	When was the debt incurred?						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.7	IRS	Last 4 digits of account number		\$200,000.00				
	Nonpriority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.	•	,					
	☐ Debtor 1 only ☐ Contingent							
	☐ Debtor 2 only ☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify						
4.8	Midland Fund	Last 4 digits of account number	1167	\$3,544.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 350 Camino De La Reine, Suite 100	When was the debt incurred?	Opened 05/20					
	San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only							
		d claim:						
	At least one of the debtors and another							
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts					
	Yes	Factoring (Other. Specify Bank	Company Account Comenity					

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	or 1 Peter O'Keere or 2 Mary C Margotta		Case number (if known) 22-17136					
4.9	Midland Fund	Last 4 digits of account number	5599	\$2,725.00				
4.5	Nonpriority Creditor's Name Attn: Bankruptcy 350 Camino De La Reine, Suite 100	When was the debt incurred?	Opened 04/20	Ψ2,123.00				
	San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only							
	Debtor 2 only							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	■ Other. Specify Bank	Company Account Comenity					
4.1 0	Midland Fund	Last 4 digits of account number	8518	\$2,011.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 350 Camino De La Reine, Suite 100 San Diego, CA 92108	When was the debt incurred?	Opened 03/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only ☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	■ Other. Specify Factoring C Bank	Company Account Comenity					
4.1 1	OneMain Financial Nonpriority Creditor's Name	Last 4 digits of account number	3558	\$8,361.00				
	Attn: Bankruptcy Po Box 3251	When was the debt incurred?	Opened 08/21 Last Active 7/20/22					
	Evansville, IN 47731 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only							
	Debtor 2 only							
	☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	Is the claim subject to offset?							
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	Other. Specify Unsecured						

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Debtor Debtor	1 Peter O'Keefe 2 Mary C Margotta		Case number (if known) 22-17136				
4.1 2	Portfolio Recovery Associates, LLC	Last 4 digits of account number	2427	\$4,220.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 10/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only	Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Factoring (Company Account Citibank N.A.				
4.1	Portfolio Recovery Associates, LLC Nonpriority Creditor's Name	Last 4 digits of account number	7029	\$1,931.00			
	Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 08/17				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	■ Other. Specify	Company Account Barclays Bank				
4.1	Portfolio Recovery Associates, LLC	Last 4 digits of account number	3500	\$768.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard	When was the debt incurred?	Opened 07/17				
	Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only						
	Debtor 2 only	☐ Contingent ☐ Unliquidated					
	Debtor 1 and Debtor 2 only	_ '					
	_	'	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing					
	☐ Yes	Factoring (Other. Specify Bank Usa	Company Account Capital One I.A.				

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Debtor Debtor	71 Peter O'Keefe 72 Mary C Margotta		Case number (if known) 22-17136	
4.1 5	Portfolio Recovery Associates, LLC	Last 4 digits of account number	8503	\$580.00
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 07/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Factoring (Bank Usa N	Company Account Capital One N.A.	
4.1	Raymour & Flanigan	Last 4 digits of account number	5233	\$1,701.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 220	When was the debt incurred?	Opened 04/18 Last Active 8/23/19	
	Liverpool, NY 13088 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.1	Remex Inc Nonpriority Creditor's Name	Last 4 digits of account number	4311	\$125.00
	Attn: Bankruptcy 307 Wall Street Princeton, NJ 08540	When was the debt incurred?	Opened 08/21 Last Active 04/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify	Attorney Pathology Associates	

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Debtor 1 Peter O'Keefe

Debt	or 2 Mary C Margotta		Case number (if known)	22-17136			
4.1	Resurgent Capital Services	Last 4 digits of account number	2288		\$1,606.00		
8	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497	When was the debt incurred?					
	Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	uration agreement or diverce	that you did not			
	Is the claim subject to offset?	report as priority claims	J	•			
	No	Debts to pension or profit-sharing	g plans, and other similar de	ebts			
	□Yes	■ Other. Specify Bank N.A.	Company Account Ci	redit One			
4.1 9	SBA Loan	Last 4 digits of account number	9104	_	\$258,000.00		
	Nonpriority Creditor's Name 14925 Kingsport Road Fort Worth, TX 76155	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar de	ebts			
	Yes	Other. Specify					
4.2 0	SBA Loan	Last 4 digits of account number	7809	_	\$33,000.00		
	Nonpriority Creditor's Name 14925 Kingsport Road Fort Worth, TX 76155	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not			
	Is the claim subject to offset?	report as priority claims		you ald not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts			
	□Yes	Other Specify					

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	2 Mary C Margotta		Case number (if known) 22-17136				
4.2	State of New Jersey	Last 4 digits of account number		\$30,000.00			
<u>.</u>	Nonpriority Creditor's Name PO Box 245	When was the debt incurred?					
	Trenton, NJ 08695 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					
4.2	SWC Group	Last 4 digits of account number	2753	\$331.00			
	Nonpriority Creditor's Name		Opened 02/24 Leet Active				
	4120 International Parkway #100 Carrollton, TX 75007	When was the debt incurred?	Opened 03/21 Last Active 01/19				
	Number Street City State Zip Code Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Collection	Attorney Comcast				
4.2	Target Nb	Last 4 digits of account number	7620	\$1,041.00			
	Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 11/16 Last Active 1/17/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only						
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin	•				
	□ vec	Other Cardit Card					

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	Mary C M			Case no	umber (if known)	22-17136	
4.2	Wayfair		Last 4 digits of account number	4862			\$2,397.05
-	Nonpriority Cred PO Box 659	9614	When was the debt incurred?				
		o, TX 78265 City State Zip Code	As of the date you file, the claim	is: Chool	k all that apply		
		the debt? Check one.	As of the date you me, the claim	i is. Check	к ан тат арргу		
	Debtor 1 on		☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	_	d Debtor 2 only	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecur	ed claim:			
		is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a sepreport as priority claims	paration ag	greement or divorce	that you did not	
	■ No	,	Debts to pension or profit-shar	ing plans	and other similar de	ebts	
	☐ Yes		Other. Specify				
4.2	Willams So	noma		1226			\$549.85
J _	Nonpriority Cred		Last 4 digits of account number	1220	<u>'</u>		
•	rtonphonty oro	and o Hamo	When was the debt incurred?				
	8005 Polk L						
		ch, MS 38654 City State Zip Code	As of the date you file, the claim	ı is: Checl	k all that annly		
		the debt? Check one.	As of the date you me, the claim	i is. Check	к ан тат арргу		
	Debtor 1 on		☐ Contingent				
	Debtor 2 on		☐ Unliquidated				
	■ Debtor 1 and	•	_ '				
	_	•	☐ Disputed Type of NONPRIORITY unsecur	ed claim:			
	_	of the debtors and another	Student loans				
	debt	is claim is for a community	☐ Obligations arising out of a seg	paration ac	reement or divorce	that you did not	
1	Is the claim su	bject to offset?	report as priority claims		,	,	
	No		Debts to pension or profit-shar	ing plans,	and other similar de	ebts	
	☐ Yes		Other. Specify				
Part 3:	List Others	s to Be Notified About a Deb	t That You Already Listed				
is tryin	g to collect fro	om you for a debt you owe to sor	oout your bankruptcy, for a debt that neone else, list the original creditor you listed in Parts 1 or 2, list the add submit this page.	in Parts 1	or 2, then list the	collection agency	here. Similarly, if you
	d Address		On which entry in Part 1 or Part 2 did yo	_	•		
7 Entin		arshaw, LLP		_	Creditors with Prior	•	
	pany, NJ 07	' 054	l	Part 2:	Creditors with Non	oriority Unsecured	Claims
	, , , , ,		ast 4 digits of account number				
Dort 4	Add the A	mounts for Each Type of Un	assured Claim				
			ns. This information is for statistical	reporting	purposes only. 2	8 U.S.C. §159. Ad	d the amounts for each
					Total	Claim	
	6a.	Domestic support obligations		6a.	\$	0.00	_
Total claims					-		
from Par	t 1 6b.	Taxes and certain other debts	you owe the government	6b.	\$	15,000.00	
	6c.		njury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority unse	ecured claims. Write that amount here.	6d.	\$	0.00	

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Debtor 1 Peter O'Keefe Debtor 2 Mary C Margotta 22-17136 Case number (if known) Total Priority. Add lines 6a through 6d. 6e. 15,000.00 **Total Claim** Student loans 6f. \$ 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 566,426.90 Total Nonpriority. Add lines 6f through 6i. 6j. 566,426.90

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						_				
Fill	in this information to identify your	case:								
De	btor 1 Peter O'Ke	eefe			_					
1	btor 2 Mary C Ma	rgotta			_					
Un	ited States Bankruptcy Court for t	he: DISTRICT OF NEW J	IERSEY							
Ca	se number 22-17136					Check	if this is:			
(If k	nown)		-				amended	•		
								,	g postpetition bllowing date:	
0	fficial Form 106I					MM	1 / DD/ Y`	YYY	Ū	
S	chedule I: Your In	come					., 55, 1			12/1
spo atta	plying correct information. If you are separated and you had a separate sheet to this form The separate sheet to this form	our spouse is not filing want on the top of any additi	ith you, do not inclu	de infori	mati	on about y	our spo	use. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fil	ling spouse	
	If you have more than one job,		☐ Employed				☐ Emplo	yed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed	■ Not employed			■ Not employed			
	. ,	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include studen or homemaker, if it applies.	t Employer's address								
		How long employed t	here?							
Pa	rt 2: Give Details About M	onthly Income								
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$	30 in the s	space. Inc	clude your no	n-filing
	ou or your non-filing spouse have e space, attach a separate sheet		ombine the informatio	n for all e	empl	oyers for th	at persor	on the lir	nes below. If	you need
						For Debte	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00	\$	0.00	
3.	Estimate and list monthly over	ertime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0	0.00	\$	0.00	

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	otor 1 otor 2	Peter O'Keefe Mary C Margotta	_	C	Case	number (<i>if known</i>)	22	2-17136		
	Cor	by line 4 here	4.		For \$	Debtor 1		For Debtor		
		*			Ψ_	0.00	- *	<u> </u>	0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0.00	. \$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$_	0.00	-	·	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$_	0.00		·	0.00	
	5d.	Required repayments of retirement fund loans	5d.		\$_	0.00	- :		0.00	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		\$ \$	0.00	-	·	0.00	
	5g.	Union dues	5g.		φ \$	0.00	- '	·	0.00	
	5h.	Other deductions. Specify:	5h.		\$ -	0.00			0.00	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6		\$ \$	0.00	\$		0.00	
					Ψ —		- '			
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		<u></u>	0.00	. \$	·	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		\$ -	0.00	- '		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			*_ \$	0.00	- \$		0.00	
	8d.	Unemployment compensation	8d.		\$_	0.00	-		0.00	
	8e.	Social Security	8e.		\$	2,400.00	-	<u> </u>	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f.		\$	0.00 991.00	- \$		0.00	
	8g. 8h.	Other monthly income. Specify: Family Contribution	8g. 8h.		\$ _	1,600.00	- '	·	0.00	
	OII.	Taning Contribution	_ 011.		Ψ_	1,000.00	. ' ¥	<u>'</u>	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		4,991.00	\$	·	0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		4,991.00 + \$		0.00]_[\$	4,991.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		–		4,551.00		0.00	-	4,001.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•	•	in Schedule	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies				,			\$	4,991.00
										y income
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							

Schedule I: Your Income

page 2

Official Form 106I

						1		
Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Peter O'Keef	f e			Che	ck if this is:	
D-1							An amended filing	dan arata de Constantan
	otor 2 ouse, if filing)	Mary C Marg	jotta				A supplement shown 13 expenses as of	wing postpetition chapter the following date:
	, ,,							
Unit	ted States Bankı	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Cas	se number 22	2-17136						
(If k	nown)							
\bigcirc	fficial Fo	rm 106J						
		J: Your		ISES . If two married people ar	a filing tagether by	oth ore on	ially roonancible fo	12/1
info	ormation. If m	ore space is ne	eded, atta	ch another sheet to this				
nui	mber (ir know	n). Answer ever	y question	n.				
Par		ribe Your House	hold					
1.	Is this a joir							
	□ No. Go to		_					
		es Debtor 2 live i	ın a separ	ate nousehold?				
	■ N							
	ПΥ	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D	•	☐ Yes.	Fill out this information for	Dependent's relati	ionshin to	Dependent's	Does dependent
	Debtor 2.	CDIOI I and	⊔ Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state	the						□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No □ Yes
								□ res
								☐ Yes
3.		penses include		No				
	•	f people other ti d your depende	!!	Yes				
Par		ate Your Ongoi		y Expenses uptcy filing date unless y	ou are using this fo	orm as a si	unnlament in a Cha	entor 13 case to report
exp	penses as of a			y is filed. If this is a supp				
app	olicable date.							
				government assistance i				
	ficial Form 10		a nave inc	cluded it on Schedule I: Y	our income		Your exp	enses
•		•						
4.				ses for your residence. I	nclude first mortgage	e 4.	•	2,750.00
	payments ar	nd any rent for the	e ground o	r lot.		4.	Φ	2,100.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	•	rty, homeowner's				4b.		0.00
				ipkeep expenses		4c.		250.00
5.		owner's associat		oominium dues our residence, such as ho	me equity loans	4d. 5.		0.00
٠.			y c			٥.	Ŧ	0.00

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D - 1	Luid Datam	Oll/anfa			
		O'Keefe C Margotta	Case num	ber (if known)	22-17136
	mary	o margotta	0000		
6.	Utilities:			•	
		city, heat, natural gas	6a.		250.00
		sewer, garbage collection	6b.		83.33
		none, cell phone, Internet, satellite, and cable services	6c. 6d.	·	346.00
7.		Specify:	ou.		0.00 655.00
7. 8.		nd children's education costs	8.	·	0.00
9.		undry, and dry cleaning	9.	·	125.00
-	O ,	re products and services	10.	·	75.00
		dental expenses	11.	·	0.00
		ion. Include gas, maintenance, bus or train fare.		·	
		le car payments.	12.	·	0.00
		ent, clubs, recreation, newspapers, magazines, and books	13.		0.00
14.	Charitable of	ontributions and religious donations	14.	\$	8.33
15.	Insurance.				
	Do not include 15a. Life in:	le insurance deducted from your pay or included in lines 4 or 20.	15a.	¢	0.00
	15a. Life in		15a. 15b.		0.00
	15c. Vehicl		15b. 15c.	·	108.33
		insurance. Specify:	15d.	·	0.00
16		ot include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
10.	Specify:	of molade taxes deducted from your pay of moladed in lines 4 of 20.	16.	\$	0.00
17.	· · · —	or lease payments:		· -	
	17a. Car pa	syments for Vehicle 1	17a.	\$	0.00
	17b. Car pa	lyments for Vehicle 2	17b.	\$	0.00
	17c. Other.	Specify:	17c.	·	0.00
	17d. Other.	Specify:	17d.	\$	0.00
18.		nts of alimony, maintenance, and support that you did not report a		¢	0.00
10		om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). ents you make to support others who do not live with you.	. 10.	\$	
19.	Specify:	ents you make to support others who do not live with you.	19.	Φ	0.00
20		roperty expenses not included in lines 4 or 5 of this form or on Sch	-	our Income	
20.		ages on other property	20a.		0.00
	20b. Real e		20b.		0.00
	20c. Proper	rty, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Mainte	enance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Home	owner's association or condominium dues	20e.	\$	0.00
21.	Other: Spec	ify:	21.	+\$	0.00
22	Calculate	our monthly expenses			
22.		es 4 through 21.		\$	4,650.99
		ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.		\$	4,030.99
		22a and 22b. The result is your monthly expenses.		\$	4 650 00
	220. Add lifte	zza and zzb. The result is your monthly expenses.		Ψ	4,650.99
23.	Calculate yo	our monthly net income.			
		ine 12 (your combined monthly income) from Schedule I.	23a.	·	4,991.00
	23b. Copy	our monthly expenses from line 22c above.	23b.	-\$	4,650.99
	00 - 0 - 1 - 1 - 1	at a company of the c			
		ct your monthly expenses from your monthly income. sult is your <i>monthly net income</i> .	23c.	\$	340.01
	i iie ie	out to your monumy not income.	200.	L *	
24.		ect an increase or decrease in your expenses within the year after y			
		do you expect to finish paying for your car loan within the year or do you expect you	ur mortgage	payment to incre	ease or decrease because of a
	_	the terms of your mortgage?			
	■ No.	Fundain hann			
	☐ Yes.	Explain here:			

■ No.	
☐ Yes.	Explain here:

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Fill in this inf	aumation to identify your				
FIII IN THIS INTO	ormation to identify your	ease:			
Debtor 1	Peter O'Keefe First Name	Middle Name	Last Name		
Debtor 2	Mary C Margotta	Wilddie Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Case number	22-17136				
(if known)					Check if this is an amended filing
~					
	<u>rm 106Dec</u>				
Declara	ation About a	n Individual	Debtor's Scl	nedules	12/15
You must file t obtaining mon	this form whenever you fi	n connection with a bankr	or amended schedules.	Making a false stater	ment, concealing property, or 0, or imprisonment for up to 20
s	ign Below				
ا Did you	pay or agree to pay some	one who is NOT an attorn	ey to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the summ	nary and schedules filed	with this declaration	n and

X /s/ Peter O'Keefe

Peter O'Keefe

Signature of Debtor 1

Date October 4, 2022

X /s/ Mary C Margotta

Mary C Margotta

Signature of Debtor 2

Date October 4, 2022

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Fill	in this in	formation to identify your	case:			
Deb	tor 1	Peter O'Keefe				
		First Name	Middle Name	Last Name		
	tor 2	Mary C Margotta				
(Spoi	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States	Bankruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Cas	e number	22-17136				
(if kn		22-17 130			c	heck if this is an
					aı	mended filing
Off	ficial F	Form 107				
			Δffairs for Individ	duals Filing for B	ankruntov	04/22
					equally responsible for supportional pages, write you	
		own). Answer every ques			, , ,	
Par	31 Giv	ve Details About Your Ma	rital Status and Where You	Lived Before		
			•			
1.	What is	our current marital statu	\$?			
	■ Mar	ried				
	□ Not	married				
2.	During t	ne last 3 years, have you	lived anywhere other than	where you live now?		
	During ti	io last o years, have you	iived ally where other than	where you live how.		
	■ No					
	☐ Yes	. List all of the places you li	ved in the last 3 years. Do no	ot include where you live now		
	Debtor	1:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3.	Within th	ne last 8 years, did you ev	er live with a spouse or leç	gal equivalent in a commun	ity property state or territory	? (Community property
state	s and teri	ritories include Arizona, Cal	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	isconsin.)
	■ No					
	_	. Make sure you fill out Sch	nedule H: Your Codebtors (Ot	fficial Form 106H).		
		·				
Par	12 Ex	plain the Sources of You	r Income			
4.	Did you	have any income from em	nployment or from operating	g a business during this ve	ear or the two previous calen	ndar vears?
	Fill in the	total amount of income you	u received from all jobs and a	all businesses, including part-	time activities.	······································
	If you are	filing a joint case and you	have income that you receive	e together, list it only once ur	der Debtor 1.	
	□ No					
	Yes	. Fill in the details.				
			Dahtan 4		Dahtan 0	
			Debtor 1	Grass income	Debtor 2	Grace income
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
				exclusions)		and exclusions)
For	the caler	ndar year before that:	☐ Wages, commissions,	\$71,898.00	☐ Wages, commissions,	\$0.00
		December 31, 2020)	bonuses, tips	. ,	bonuses, tips	• • • •
			Operating a business		☐ Operating a business	
			- 1 3			

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Debtor 1 Debtor 2		ter O'Keef ry C Marg	-		C:	ase number (if known)	22-17136	
Inclu and	ide inc other p	ome regard	less of wheth it payments;	er that income is taxable. Epensions; rental income; in	wo previous calendar years Examples of other income are terest; dividends; money coll at you received together, list	e alimony; child supp lected from lawsuits;	royalties; and ga	
List	each s	ource and t	he gross inco	ome from each source sepa	rately. Do not include income	e that you listed in lin	ie 4.	
	No		-		·	•		
		Fill in the de	tails					
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below	. (Gross income before deductions and exclusions)
		1 of currer iled for ban	nt year until kruptcy:	Social Security Benefits	\$30,519.00	0		
		dar year: December :	31, 2021)	Social Security Benefits	\$40,002.00)		
				Pension	\$12,202.00	0		
		dar year bet December :		Social Security Benefits	\$21,943.00)		
				Pension	\$12,202.00	0		
.	.							
Part 3:	LIST	Certain Pa	yments You	Made Before You Filed for	or Bankruptcy			
6. Are □		Neither De	btor 1 nor D	's debts primarily consun bebtor 2 has primarily con personal, family, or housel	sumer debts. Consumer de	ebts are defined in 11	U.S.C. § 101(8)) as "incurred by an
		During the	90 days befo	re you filed for bankruptcy,	did you pay any creditor a to	otal of \$7,575* or mo	re?	
		□ No.	Go to line 7					
		□ Yes	paid that cre	editor. Do not include paym	paid a total of \$7,575* or mor nents for domestic support ob r this bankruptcy case.			
		* Subject t			ears after that for cases filed	on or after the date o	f adjustment.	
	Yes.			r both have primarily con ore you filed for bankruptcy,	sumer debts. did you pay any creditor a to	otal of \$600 or more?	,	
		■ No.	Go to line 7					
		□ Yes			paid a total of \$600 or more a	and the total amount	you paid that cre	
		100	include pay		t obligations, such as child su	upport and alimony. <i>I</i>		

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	btor 2 Mary C Margotta		Cas	se number (if known)	22-17136	
7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partner or more of their voting	erships of which you g securities; and ar	u are a general p ly managing age	artner; corporation nt, including one fo
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on ac	count of a deb	that benefited an
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	
Par	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	LVNV Finding LLC, Successor in Itnerest Credit One Bank vs Peter O'Keefe DC-009447-21		Superior Court	of NJ	■ Pending □ On appeal □ Concluded	
					\$1,460.46	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached, s	seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			property
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any am	ounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		erty in the possess	ion of an assigned	e for the benefit	of creditors, a
	☐ Yes					

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Debto Debto			Case number (if known)	22-17136	
Part !	5: List Certain Gifts and Contributions				
	Within 2 years before you filed for bankrupto	ey did you give any gifts with a total va	alue of more than \$60	0 ner nerson	•
	No	y, and you give any give man a total ve		o poi poi com	
	☐ Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:				
14. V	Within 2 years before you filed for bankrupto ■ No	ey, did you give any gifts or contributio	ns with a total value	of more than	\$600 to any charity?
	\square Yes. Fill in the details for each gift or contri	ibution.			
1	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates	s you ibuted	Value
Part (6: List Certain Losses				
15. V	Within 1 year before you filed for bankruptcy or gambling?	or since you filed for bankruptcy, did	you lose anything be	cause of thef	t, fire, other disaster
	■ No □ Yes. Fill in the details.				
	how the loss occurred Incl	scribe any insurance coverage for the lude the amount that insurance has paid. Jurance claims on line 33 of Schedule A/B.	List pending loss	of your	Value of property lost
	7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prep		ır behalf pay or transi	fer any prope	rty to anyone you
Ir	nclude any attorneys, bankruptcy petition prepa	arers, or credit counseling agencies for se	ervices required in your	bankruptcy.	
	No				
	Yes. Fill in the details.				
í	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any propertransferred	•	payment Insfer was	Amount of payment
р	Within 1 year before you filed for bankruptcy bromised to help you deal with your creditor Do not include any payment or transfer that you	s or to make payments to your credito		fer any prope	rty to anyone who
	No				
	Yes. Fill in the details.				
-	Person Who Was Paid Address	Description and value of any prop transferred		payment Insfer was	Amount of payment
tı İr	Within 2 years before you filed for bankruptor ransferred in the ordinary course of your bunclude both outright transfers and transfers manclude gifts and transfers that you have already	isiness or financial affairs? de as security (such as the granting of a s			
- -	■ No □ Yes. Fill in the details.				
Ī	Person Who Received Transfer Address	Description and value of property transferred	Describe any pro		Date transfer was made
	Person's relationship to you		paid in exchange		

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22-17136 Mary C Margotta Debtor 2 Case number (if known) 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number instrument closed, sold. before closing or Address (Number, Street, City, State and ZIP Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Name of Storage Facility Who else has or had access Describe the contents Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code)

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

Peter O'Keefe

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Del	otor 2 Mary C Margotta		Case number (if known) 22-17136	
24.	Has any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site	Governmental unit	Environmental law, if you	Date of notice
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		Date of Hotiot
25.	Have you notified any governmental unit of a	ny release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admi	inistrative proceeding under any envir	ronmental law? Include settlements a	and orders.
	■ No			
	Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t11: Give Details About Your Business or C	onnections to Any Business		
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have an	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing exe	cutive of a corporation		
	☐ An owner of at least 5% of the voting	or equity securities of a corporation		
	■ No. None of the above applies. Go to Pa	art 12.		
	Yes. Check all that apply above and fill i			
		Describe the nature of the business	Employer Identification number	r
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security	number or ITIN.
			Dates business existed	
28.	Within 2 years before you filed for bankruptc institutions, creditors, or other parties.	y, did you give a financial statement t	o anyone about your business? Inclu	ıde all financial
	No			
	☐ Yes Fill in the details below			

Date Issued

Name

Address

(Number, Street, City, State and ZIP Code)

Debtor 1 Peter O'Keefe

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Debtor 1	Peter O'Keefe		3		
Debtor 2	Mary C Margotta	Case number (if known) Now Newers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers set. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Nature C Margotta Mary C Margotta Signature of Debtor 2 A, 2022 Date October 4, 2022 itional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Description of the Statement of Position of the Statement o			
Part 12:	Sign Below				
					property by fraud in connection
			orisonment for up to 20	o years, or both.	
10 0.0.0.	33 102, 1041, 1010, and	3371.			
/s/ Pete	r O'Keefe	/s/ Ma	ary C Margotta		
Peter O	'Keefe	Mary	C Margotta		
Signatur	e of Debtor 1	Signat	ture of Debtor 2		
Date O	october 4, 2022	Date	October 4, 2022		
Did you a	ttach additional pages t	o Your Statement of Financial	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No					
☐ Yes					
Did you p	ay or agree to pay some	eone who is not an attorney to	help you fill out bankru	uptcy forms?	
■ No					
☐ Yes. N	ame of Person A	ttach the Bankruptcy Petition Pre	parer's Notice. Declarati	ion, and Signature (Offici	al Form 119).

Fill in this inforr	nation to identify your case:
Debtor 1	Peter O'Keefe
Debtor 2 (Spouse, if filing)	Mary C Margotta
United States E	Bankruptcy Court for the: District of New Jersey
Case number (if known)	22-17136

(Check	as directed in lines 17 and 21:
		ording to the calculations required by this rement:
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
		3. The commitment period is 3 years.
		4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					Column 1 Debtor 1		Column Debtor non-fili	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$	0.00	\$	0.00
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e payme	ents from	a spouse if	\$	0.00	\$	0.00
 4. 5. 	All amounts from any source which are regularly polynous or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a sport you listed on line 3. Net income from operating a business,	r t. Includ old, your use. Do i	e regulai depende not includ	contributions nts, parents,	\$	0.00	\$	0.00
	profession, or farm	Debtor						
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	- \$ _	0.00					
	Net monthly income from a business, profession, or fa	arm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
6.	Net income from rental and other real property	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$ _	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

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ebtor 1 ebtor 2	Mary C Margotta			Case	number (if	known)	22-1713	6	
				Colui Debt			Column E Debtor 2 non-filing	or	
7 Into	erest, dividends, and royalties			\$		0.00	\$	0.00	
	employment compensation			\$		0.00	\$	0.00	
	not enter the amount if you contend that the amount	ount received was a benef	fit under	–		0.00	·	0.00	
the	Social Security Act. Instead, list it here:								
	For you		00						
	For your spouse		00						
ber not Un dis pay doe	nsion or retirement income. Do not include any nefit under the Social Security Act. Also, except a include any compensation, pension, pay, annuit ited States Government in connection with a disability, or death of a member of the uniformed set paid under chapter 61 of title 10, then include the sonot exceed the amount of retired pay to which etired under any provision of title 10 other than classifications.	as stated in the next senter by, or allowance paid by the ability, combat-related injur- prices. If you received any nat pay only to the extent to you would otherwise be e	nce, do e ry or retired hat it	\$	3,39	1.00	\$	0.00	
10. Inc Do rec dor Un dis	ome from all other sources not listed above. not include any benefits received under the Socieived as a victim of a war crime, a crime against mestic terrorism; or compensation, pension, pay, ited States Government in connection with a disability, or death of a member of the uniformed seurces on a separate page and put the total below	Specify the source and ar ial Security Act; payments humanity, or international annuity, or allowance paid ability, combat-related injur- ervices. If necessary, list of	or d by the ry or						
	Family Contribution			\$	1,60	0.00	\$	0.00	
				\$	-	0.00	\$	0.00	
	Total amounts from separate pages, if any			\$		0.00	\$	0.00	
	Total amounts from sopulate pages, it any	•	_			0.00	·	7	
	Iculate your total average monthly income. Ac th column. Then add the total for Column A to the		\$	4,991	.00_	\$_	0.00	= \$_	4,991.00
art 2:	Determine How to Measure Your Deduction	ons from Income							tal average onthly income
	py your total average monthly income from li	ne 11						\$	4,991.00
	You are not married. Fill in 0 below.								
	You are married and your spouse is filing with	you Fill in 0 below							
	You are married and your spouse is not filing w								
	Fill in the amount of the income listed in line 1		T regula	rly naid	for the	house	hold evnense	es of vou c	or vour
	dependents, such as payment of the spouse's Below, specify the basis for excluding this inco	tax liability or the spouse's	s suppor	t of so	meone o	ther th	nan you or yo	ur depend	ents.
	adjustments on a separate page.								
	If this adjustment does not apply, enter 0 below	٧.							
			\$						
			\$						
			+\$						
	Total		\$		0.00	С	opy here=>		0.00
4. Y	our current monthly income. Subtract line 13 t	rom line 12.						\$	4,991.00
5 C	alculate your current monthly income for the	vear Follow these stens:							
		, ca.: 1 onon 11000 otopo.						Φ.	4,991.00
14	5a. Copy line 14 here=>							\$.,001100

Peter O'Keefe

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Debtor 1 Debtor 2		eter O'Keefe ary C Margotta		Case number (if known)	22-17136	
		Multiply line 15a by 12 (the number of months in	a year).		x	12
1	15b.	The result is your current monthly income for the	year for this part of the	form		59,892.00
16. C a	alcula	te the median family income that applies to y	ou. Follow these steps:	:		
16	Sa. Fil	in the state in which you live.	NJ			
16	6b. Fil	in the number of people in your household.	2			
	To ins	in the median family income for your state and s find a list of applicable median income amounts structions for this form. This list may also be avail to the lines compare?	s, go online using the lin		\$	92,669.00
17	7a.	■ Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
17	7b.	☐ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Disposa			
Part 3:	(Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18. C c	ору у	our total average monthly income from line 1	1.		\$	4,991.00
cc sp 19	ontend oouse Oa. If t	the marital adjustment if it applies. If you are I that calculating the commitment period under 1 s income, copy the amount from line 13. he marital adjustment does not apply, fill in 0 on other line 19a from line 18.	1 U.S.C. § 1325(b)(4) a		-\$ \$	4,991.00
		ate your current monthly income for the year.	·			4,991.00
20		py line 19b			<u> </u>	
	Mı	Iltiply by 12 (the number of months in a year).			X	12
20	Db. Th	e result is your current monthly income for the yo	ear for this part of the fo	orm	\$	59,892.00
20	Oc. Co	py the median family income for your state and	size of household from	line 16c		92,669.00
21	1. H c	w do the lines compare?				
	•	Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court,	on the top of page 1 of this for	m, check box 3, <i>Th</i>	ne commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordered	by the court, on the top of page	e 1 of this form, che	eck box 4, The
Part 4:	,	Sign Below				
Ву	y sign	ing here, under penalty of perjury I declare that t	he information on this st	tatement and in any attachmen	ts is true and corre	ct.
_		ter O'Keefe		Mary C Margotta		
		O'Keefe ure of Debtor 1		ary C Margotta gnature of Debtor 2		
	N	October 4, 2022 IM / DD / YYYY Docked 17a, do NOT fill out or file Form 122C 2	_	October 4, 2022 MM / DD / YYYY		

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Debtor 1 Debtor 2 Peter O'Keefe Case number (if known) 22-17136

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 22-17136-CMG Doc 14 Filed 10/04/22 Entered 10/04/22 13:14:13 Desc Main Document Page 42 of 44 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Robert C. Nisenson 6680 10 Auer Court East Brunswick, NJ 08816 732-238-8777 rnisenson@aol.com Peter O'Keefe In Re: Case No.: Mary C Margotta Chapter: 13 Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and 1. that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: ✓ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,500 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 1,500 The balance due is: \$ 3,000 The balance ✓ will — will not be paid through the plan. Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ ____. The hourly fee charged by other members of my firm that may provide services to this client range from \$ to \$. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ 2. The source of the funds paid to me was: ✓ Debtor(s) Other (specify below)

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3.	If a balance is due, the source of future compensation to be paid to me is:								
	✓ Debtor(s)	☐ Othe	r (specify below)						
	f I have agreed to sl	hare compensation with	compensation with another person(s) unless they are members of my law a person(s) who is not a member of my law firm, a copy of that compensation is attached.						
prior t	r(s) as needed. If po	essible, Debtor's counse tor(s) acknowledge that	unsel may appear at hearings on their behalf in lieu of counsel retained by el will advise Debtor(s) of the use of coverage counsel for any hearings a coverage counsel may not be a member of my firm and may or may not						
		/s/ PO	/s/ MCM						
		Debtor(s) Initials	Debtor(s) Initials						
		eeded. All appearances	overage counsel may appear at hearings on their behalf in lieu of counsels related to the Debtor(s) matter will be made by me, the undersigned						
		Debtor(s) Initials	Debtor(s) Initials						
6.	The Debtor(s) have	ve reviewed this Disclo	sure and it is consistent with the terms of the Retainer Agreement.						
Date:	August 31, 2022		/s/ Peter O'Keefe						
			Peter O'Keefe						
			Debtor						
Date:	August 31, 2022		/s/ Mary C Margotta						
			Mary C Margotta						
			Joint Debtor						
Date:	August 31, 2022		/s/ Robert C. Nisenson						
	<u> </u>		Robert C. Nisenson 6680						
			Debtor's Attorney						

United States Bankruptcy CourtDistrict of New Jersey

In re	Peter O'Keefe Mary C Margotta		Case No.	22-17136
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The a	above-named	Debtors	hereby	verify	that t	he at	tached	l list c	of cree	ditors	is true	and	correc	t to th	e bes	t of	their	knowl	ledg	ŗе

Date:	October 4, 2022	/s/ Peter O'Keefe	
		Peter O'Keefe	
		Signature of Debtor	
Date:	October 4, 2022	/s/ Mary C Margotta	
		Mary C Margotta	
		Signature of Debtor	